

Division of Health Care Facilities

454 3/24/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN4709	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/06/2012
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, FT SANDERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2120 HIGHLAND AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	1200-8-6-.08(2) Building Standards  (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.  This Rule is not met as evidenced by: Based on observation, the facility failed to assure the physical plant of the overall nursing home environment was maintained to ensure the safety and well-being of the residents. The findings include: Observation on February 7, 2012 at 11:00 a.m. revealed heavy damage to the gypsum wall board in patient room 310 near the head of the patient bed.	N 832	N832 1. Maintenance Personnel completed repair to wall in room 310.  2. All remaining 97 rooms checked by Maintenance Personnel. 2 additional rooms found with minor damage with repairs made.  3. Center will continue with current preventative maintenance program and include periodic room rounds. Current "maintenance order" forms will be used to identify needed repairs.  4. Director of Environmental Services will monitor work order request with Maintenance Personnel to assure repairs are made in a timely manner.	02/10/12  02/10/12  02/10/12 and On-Going  02/10/12 and On-Going	

Division of Health Care Facilities

*Douglas S. Ford*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

N.H.A.

(X6) DATE

2/16/12

STATE FORM

6899

X9TW21

If continuation sheet 1 of 1

FEB 16 2012